

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/18/03.

I. DISPUTE

Whether there should be reimbursement for prescription medications for dates of service 1/02/02 through 8/12/02. The Carrier has denied reimbursement as "F – Fee Guidelines MAR reduction".

II. FINDINGS

Based on Rule 133.307(d)(1), a request for medical dispute resolution shall be considered timely if it is filed with the division no later than one year after the date of service in dispute. Therefore, dates of service 1/02/02 through 6/18/02 are not eligible for review. The dates of service eligible for review are 7/22/02, and 8/12/02.

III. RATIONALE

The Requestor's Table of Disputed Services indicates, "See list ____" and shows no dollar amount for the prescriptions in dispute. The Requestor submitted a "Record of Prescriptions from ____". However, no dollar amounts are listed for the prescriptions for the above listed dates of service. Based on Rule 133.307(f)(2), proof of employee payment must be submitted. The Requestor did not submit cash register receipts showing payment to the pharmacy.

The Respondent states in their response, "Per the peer review, the injured worker's complaints stem from an ordinary disease of life, which does not appear to be related to his compensable workers' comp injury. ...The dispute for dates of service 7-22-02 and 8-12-02 was submitted timely, however, payment will not be reimbursed based on the peer review." Peer review was performed after the dates of service in dispute. An Explanation of Benefit (EOB) was not included in the original dispute packet, however, after a telephone call to the adjuster for the Carrier, one was received on 1/06/03. According to the EOB submitted, the audit date was 11/29/02 with payment being made to West Valley Pharmacy on 12/09/02 (CK #33155) for:

Date of service 7/22/02

PROPOX. APAP 100/650 60 TAB; \$44.10
ULTRAM 50 MG 30 TAB; \$32.13
THERA-GESIC CREAM; \$14.86
IBUPROFEN 800 MG 90 TAB; \$36.65

MDR: M4-03-8886-01

Date of Service 8/12/02

TRAMADOL HCL 50 MG 90 TAB; \$86.86

Since the Carrier made payment for prescriptions for the dates of service indicated in this dispute, and based on Rule 133.307(b), the Requestor would not be a party to the dispute. Therefore, reimbursement is not recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement for prescriptions for the above listed dates of service.

The above Findings and Decision is hereby issued this 7th day of January 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd